

2002 UNIFORM BUSINESS REPORT (UBR)

0019240 AB

DOCUMENT # A00000000561

1. Entity Name

SAWGRASS LIMITED PARTNERSHIP NO. 2

Principal Place of Business

10150 HIGHLAND MANOR DRIVE, SUITE 150
TAMPA FL 33610

Mailing Address

3950 SHACKLEFORD ROAD, SUITE 300
DULUTH GA 30096

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip -

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

DUE BY MAY 1, 2002

4. FEI Number

59-3643171

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C-T-CORPORATION-SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record.

\$0.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # B99000000219
NAME DUKE-WEEKS REALTY LIMITED PARTNERSHIP
STREET ADDRESS 800 EAST 98TH STREET, SUITE 100
CITY-ST-ZIP INDIANAPOLIS IN 46240 *Amendment Filed*

DOCUMENT # *Duke Realty Limited Partnership*
NAME *3950 Shackleford Rd., Ste. 300*
STREET ADDRESS *Duluth, GA 30096*
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

700005271457--6

04/15/02 01032 011

****141.25 ****141.25

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

FF #141.25

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes. By: Duke Realty Corporation, the general partner of Duke Realty Limited Partnership, general partner of Sawgrass Limited Partnership, No. 2.

SIGNATURE: *John R. Gaskin, Sec.* 4-10-02 770-717-3200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)